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Bib Data Sheet

CONFIRMATION NO. 5919

SERIAL NUMBER 09/890,035	FILING DATE 07/26/2001 RULE	CLASS 215	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. 1011-326
APPLICANTS Giovanni Bocola, Milanese, ITALY;				
** CONTINUING DATA ***** <i>RA</i> THIS APPLICATION IS A 371 OF PCT/IT99/00338 10/22/1999				
** FOREIGN APPLICATIONS ***** <i>RA</i> ITALY MI99A 000216 02/04/1999				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY ITALY	SHEETS DRAWING 4	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>Allowance</i> Examiner's Signature _____ Initials _____				
ADDRESS James V Costigan Hedman & Costigan 1185 Avenue of the Americas New York, NY 10036				
TITLE Cosmetic product container and method for making it				
FILING FEE RECEIVED 565	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**** CONTINUING DATA *******

This application is a 371 of PCT/IT99/00338 10/22/1999

**** FOREIGN APPLICATIONS *******

ITALY MI99A 000216 02/04/1999

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 4	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

James V Costigan
Hedman & Costigan
1185 Avenue of the Americas
New York, NY 10036

TITLE

SINGLE-PIECE COSMETIC PRODUCT CONTAINER AND METHOD FOR MAKING IT

FILING FEE RECEIVED 565	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 890035 RECEIPT DATE: 07 / 26 / 01
IA NUMBER: PCT/ IT99 / 00338 IA FILING DATE: 10 / 22 / 99
FAMILY NAME: VOLKA DELAY WAIVED (Y/N): Y
GIVEN NAME: MARTIN DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: ~~02-24~~ / ~~04~~ / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 1011-326 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2123028989
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APPLICATION TITLES:
COSMETIC PRODUCT CONTAINER AND METHOD FOR MAKING IT

TAB TO LAST POSITION, PUSH SEND